

COLMR Connections

CENTER FOR ORGANIZATION, LEADERSHIP & MANAGEMENT RESEARCH

Vol. 3, No. 1

Fall 2008

INSIDE

| | |
|--|---|
| Advanced Clinic Access..... | 2 |
| Commentary on VanDeusen Lukas.... | 3 |
| Evaluation of Parkinson's Disease Research, Education and Clinical Centers..... | 3 |
| Strengthening Organization to Implement Evidence-Based Clinical Practices (EBCPs)..... | 4 |
| Recognizing COLMR Staff | 5 |
| New COLMR Investigator | 5 |
| New COLMR Fellow | 6 |
| Disseminating Our Research Results .. | 7 |
| Welcoming New COLMR Staff | 8 |

COLMR Connections is a publication of The Center for Organization, Leadership & Management Research, a VA HSR&D Center of Excellence. Each issue provides summary information about ongoing and recently completed research projects, newly funded studies and other items of interest.

For more information on COLMR activities, including any of the studies described in this newsletter, please visit our website:

www.colmr.research.va.gov

For more information or to provide us with your questions or suggestions, please contact us at:

Center for Organization, Leadership & Management Research (COLMR)

VA Boston Healthcare System
150 S. Huntington Ave. (152-M)
Boston, MA 02130
Phone: (857) 364-4433
Fax: (857) 364-6140
sandra.kaye@va.gov

A Message from the Center Principal Investigator

I am pleased to present Volume 3 of **COLMR Connections** to you. The Center for Organization, Leadership and Management Research (COLMR) experienced a busy year and I would like to share the highlights with you. We started with a move in January when we relocated to newly renovated offices in Building 9 on the Jamaica Plain campus of VA Boston Healthcare System. The extra 2,000 square feet of office space given to us will allow for our continued growth and serves as recognition of our important contributions to the Research program at VA Boston. Thanks to the COLMR Administration Unit, Administrative Officer Michael Gormley and Program Staff Assistants Sandra Kaye and William Cronan, the disruption to our schedules was minimal and the move went smoothly.

COLMR continued its growth and increased its productivity and impacts through its fourth full year of operations. Our unique research focus is to investigate and apply knowledge of innovative organization and management practices to improve the effectiveness and efficiency of health care services for our nation's veterans and the larger health care community. COLMR actively supports other HSR&D activities and investigators at VA Boston, has collaborative projects with several other HSR&D centers, and has close working relationships with several VISNs and VA Central Office groups.

COLMR is a unique partnership of the VA Boston Healthcare System, the VHA Workforce Management and Consulting Office, the National Center for Organization Development (NCOD), Boston University, and four Veterans Integrated Service Networks: VA New England Healthcare System (VISN 1), VA Healthcare System of Ohio (VISN 10), Desert Pacific Healthcare Network (VISN 22), and VA Midwest Healthcare Network (VISN 23). The partners collaborate with COLMR investigators to plan and to conduct research. The work of the partners is coordinated through COLMR's Collaborating Partners Council (CPC).

COLMR investigators continue to have significant local and national roles in VA through which they can influence policy and practice. These include my role as co-chair of the Organizational Assessment Subcommittee of the VHA Human Resource Committee, and my involvement along with Drs. Mark Meterko and David Mohr and Ms. Marjorie Nealon Seibert in the design, administration and analysis of the annual VA All Employee Survey, and Dr. Meterko's role in the VA Nursing Outcomes Database (VANOD) annual, national survey of all RNs in VA. These surveys are both part of the regular practice in VHA, their results are used to address performance areas

Continued on page 6

Advanced Clinic Access: Enhancing Access by Reducing Clinic Wait Times

(Article adapted from HSR&D Forum Newsletter August 2008)

Reducing wait times for clinic appointments is a high and visible priority for VA, and has been for several years. In 2000, in an environment of growing demand for VA health care and long wait times for clinic appointments in many areas, VA launched a national program, the Advanced Clinic Access (ACA) Initiative, to reduce wait times in targeted clinic areas across the system.

ACA, by now widely-recognized across VA, is a well-established set of 10 clinical operational practices called key change principles for organizing and managing clinics so that patients have access to the medical care they need—when and where they want it. To encourage and support the use of these principles, the ACA Initiative, working originally with the Institute for Healthcare Improvement (IHI), built an extensive infrastructure, including: a national steering committee, a full-time national clinical director, a person designated to lead ACA in every VISN and most medical centers, and a network of clinical access coaches to stimulate peer networks of advocacy and support. As intended, the infrastructure has continued to strengthen and expand and is now referred to as VHA Systems Redesign.

An important component of the original ACA Initiative was a comprehensive evaluation of the implementation and effectiveness of ACA. The evaluation, based on the experience of clinics in 78 VAMCs in 2003, was commissioned by the ACA Steering Committee and conducted by the HSR&D Management Decision and Research Center (MDRC), now the Center for Organization, Leadership, and Management Research (COLMR).¹

The evaluation found that successful ACA implementation, defined as the use of a high proportion of the ACA principles, was significantly associated with shorter wait times, with the relationship stronger in primary care than across specialty clinics. Underlying this overall good news, however, was substantial variation across clinics and medical centers in the extent to which the ACA principles

were implemented. In order to implement ACA more consistently, it is important to understand the factors that account for this variation: Why were some clinics more successful in implementing ACA principles than others?

Local Factors Affect Successful Implementation of ACA

While the ACA infrastructure provided important resources and support for ACA, local factors were also important. The ACA efforts at the national and VISN levels interacted with people, processes, and structures within medical centers and their clinics. One source of variation in factors affecting implementation is the six clinic areas targeted by ACA (primary care, orthopedics, eye care, cardiology, audiology, and urology). Across target clinic areas, five factors were significantly associated with successful ACA implementation:

- Strong management support for ACA, as demonstrated in concrete actions such as appointing an ACA oversight body, incorporating ACA into facility priorities, and holding managers accountable for improvement-related performance.
- Clinic teams having the knowledge and skill needed to do their work well and make changes successfully.
- Clinic staff review of ACA wait time performance data that is trustworthy and timely.
- Adequate clinic resources, reflected by more exam rooms and greater use of consulting physicians.
- High demand for care in primary care (but not specialty care), as evidenced by a high number of patients on the wait list, suggesting that greater unmet demand provides an impetus for change.

Attention to these factors promises not only to strengthen future implementation of ACA, but also to offer lessons in implementing other complex clinical innovations.

Reference

¹ Lukas CV, et al. Implementation of a Clinical Innovation: the Case of Advanced Access in the Department of Veterans Affairs. *The Journal of Ambulatory Care Management*, 2008; 32(2): 94-108.

Commentary on VanDeusen Lukas et al's "Implementation of a Clinical Innovation" Improving Implementation Strategies for Clinical Innovations

The following are excerpts from the Commentary by Catherine Tantau, BSN, MPA which appeared in the April-June 2008 issue of *The Journal of Ambulatory Care Management* (Vol. 31, No. 2, pp. 109–110).

The lead article in this issue, "Implementation of a Clinical Innovation: The Case of Advanced Clinic Access in the Department of Veterans Affairs," provides a valuable and refreshing look at a significant concern for those who hope to spread change and improvement throughout clinical systems. For those of us who live in the dual world of practical every day clinical care and clinical innovation, this issue of successful adoption and spread of new ideas and practices can be quite challenging.

What the Veterans Administration authors have done is use their experience with spreading advanced clinic access to multiple clinics at multiple sites on a national scale to study key components of successful clinical implementation. They have identified those elements that were most strongly associated with successful implementation on the ground, at the clinical team level where it counts. Embracing innovative programs at the leadership level is not the same as seeing these innovations

in action and reaping the rewards with a defined population of patients, providers, and staff. ...Grass roots innovations are often not recognized or adopted by the larger organization but may remain isolated variations in practice. That is, in fact, the history of Advanced Access...

...The example of spread cited in the VA article, the implementation of advanced clinical access, has posed serious implementation issues for many and creates a rigorous case study. The vision of dramatically reducing delays for appointments is something that almost everyone agrees is a good thing.

The identification of factors critical to successful implementation in each area is a significant contribution when considering any innovation that will span both primary and specialty care.... The Department of Veterans Affairs researchers could not have chosen a more challenging example to study. The VA tackled the difficult question of how to measure to what extent a complex innovation is successfully implemented and what factors affect implementation. They further segmented key factors for successful implementation in primary care and specialty services.

Evaluation of Parkinson's Disease Research, Education and Clinical Centers (PADRECCs)

The HSR&D-funded Evaluation of Parkinson's Disease, Research, Education and Clinical Centers (PADRECC) is examining the extent to which the PADRECCs themselves and their organizational model affect service utilization and outcomes of clinical care; development of research; and diffusion of state-of-the-art knowledge about Parkinson's disease (PD) to patients, their informal caregivers, and healthcare professionals. The research team is a collaborative effort that includes COLMR, Health Care Financing & Economics Program, and the Center for Health Quality, Outcomes and Economic Research as well as the University of Rochester. Team members are Drs. Martin Charns, Irene Cramer, Mark Meterko, Terri

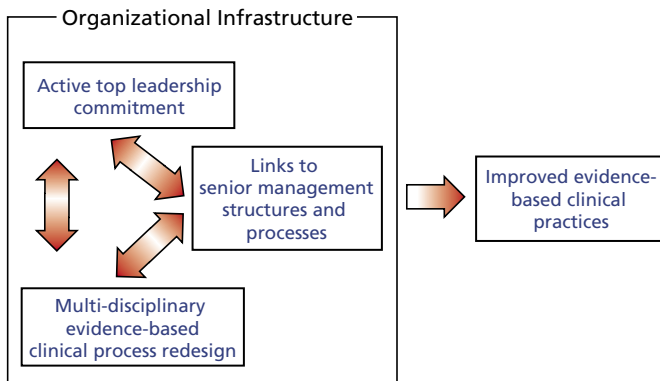
Pogoda, Ann Hendricks, John Gardner, Robert Holloway and Ms. Konique Ballah, Kelly Stoltzman, and Marjorie Nealon Seibert. The second wave of data collection, which includes interviews with the employees at the PADRECCs and other VAMCs, and patient and informal caregiver surveys, is underway and is focusing on identifying changes and trends. Using findings from our first wave of data collection, which also included key informant interviews from the PADRECC sites, patient and informal caregiver surveys, and analyses of VA administrative data, Co-PIs Charns and Cramer presented findings to the VA National Consortium on Parkinson's Disease. We are continuing to develop additional dissemination products.

Strengthening Organization to Implement Evidence-Based Clinical Practices (EBCPs)

This project is a collaboration between the leadership of three VISNs and COLMR. The research team is led by Dr. Carol VanDeusen Lukas. Other members of the team include Drs. Michael Schwartz, Victoria Parker, Jennifer Sullivan, and Ms. Sally Holmes, Ryann Engle, Marjorie Nealon Seibert, and Mr. Jason Silver. In this three-year study, 1 VISN and its medical centers have implemented an organizational model to facilitate the use of EBCPs. The other 2 VISNs have implemented a more limited strategy of performance data feedback. The clinical focus in all three VISNs will be on improving compliance with hand-hygiene guidelines, a focus that has a high priority for improvement in the VA.

In the study we have completed nearly 500 interviews with participants in the 3 VISNs as well as administering over 600 baseline surveys. To date the study has a number of preliminary results pertaining to the baseline survey data.

Organizational Model for Improving Evidence-based Clinical Practices



Initially we found that work team learning (using data to track progress and learning from others in the facility) and management support (help with resource allocation, and coordination across services) were positively and significantly associated with employees perceived hand hygiene (HH) compliance level. Heavy workload as a

barrier to HH compliance was significant and negatively associated with perceived HH compliance. These findings suggest that working to improve work team effectiveness, particularly team learning, and providing management support are promising strategies to facility improvement in HH compliance.

When further analyzing the results by clinical discipline we found that for nursing staff (RN/LPN/NAs) team learning and facility priority to quality care were positively and significantly associated with perceived HH compliance. For physicians, accountability was positively and significantly associated with perceived HH compliance. These findings suggest that promising strategies for improving HH compliance will differ by type of clinical staff.

When focusing on the barriers to hand hygiene we found that work team learning and clinical care coordination were negatively and significantly associated with the number of overall barriers to compliance with hand hygiene guidelines. These negative associations between organization factors and number of barriers suggest that improvements to work team learning and clinical care coordination processes may lead to fewer perceived barriers to compliance. Fewer barriers in turn may improve overall compliance to hand hygiene guidelines.

When analyzing the quantitative and qualitative data we found that sites that were effective in adhering to the model presented greater evidence of knowledge translation and utilization. Common components evident in these sites include effective redesign teams, formal QI processes, and data driven interventions. Sites that did not adhere to the organizational model performed poorly in organized multidisciplinary redesign teams, data driven interventions, and hand-hygiene compliance. Higher performing sites, those with effective knowledge translation and adaptation of the model, were able to reach a consistent level of over ninety percent HH compliance.

Recognizing COLMR Staff

COLMR staff has been busy in the past year as evidenced by new appointments, awards, funded projects, honors and degrees.

Appointments

Richard Hermann, MD, MS, Associate Director of COLMR, was named to the editorial board of the Joint Commission Journal on Quality and Patient Safety.

James Burgess, PhD, COLMR investigator, was named to the editorial board of the Health Services Research journal.

David Mohr, PhD, and **Errol Baker, PhD** are members of the Research and Development Committee for the VA Boston Healthcare System.

Recently Funded Projects

David Mohr, PhD, is principal investigator for “Team Process and Performance in Primary Care.” Investigators at COLMR, along with NCOD, are examining how primary care team characteristics of team goal orientation, learning, communication and civility are associated with measures of patient care, quality performance and patient satisfaction. COLMR researchers include Drs.

Mark Meterko, Gary Young, Michael Mayo-Smith, Justin Benzer, Bert White and Ms. Marjorie Nealon Seibert, Kelly Stolzmann, and Alexis Maule, and NCOD investigator Katerine Osatuke and Benyamin Lichtenstein from UMass Boston.

Michael Schwartz, PhD, is principal investigator for “Identifying and Characterizing High Performing VHA Nursing Homes” which examines alternative ways to create composite measures of quality from individual quality indicators that are routinely used to measure nursing home care units (NHCUs) performance. The study will measure the performance of NHCUs using two main approaches to create composite measures of performance, latent variable models and linear programming models, and then analyze the extent to which NHCUs performance is related to job satisfaction, workgroup functioning and organizational culture as assessed on the All Employee Survey by employees in NHCUs. Other members of the research team are Dr. Dan Berlowitz, co-principal investigator and Drs. James Burgess, Victoria Parker, Amy Rosen, David Mohr, Pam Parmalee, Erol Pekoz, Robin Graff-Reed, Jennifer Sullivan and Mariana Gerena-Melia.

Awards and Honors

Mariana Gerena-Melia, PhD, received a Distinguished Contribution to Scholarship Article Award from the Race, Gender, and Class Section of the American Sociological Association for the co-authored Journal of Marriage and Family article “Extended Family Integration Among Euro and Mexican Americans: Ethnicity, Gender, and Class.”

Alexis Maule and **Jason Silver** received an honorable mention for their poster, “Organizational Transformation and Knowledge Utilization,” presented at the Knowledge Translation: Forum for the Future conference in Banff, Alberta, Canada.

Degrees

Alexis Maule, MPH, received her Master of Public Health degree with a concentration in Epidemiology from Boston University in May 2008.

Barbara Lerner, MS, project manager for the Robert Wood Johnson Foundation-funded Pursuing Perfection projects, passed her qualifying examinations in the DSc program at the Boston University School of Public Health.

Welcoming New COLMR Investigator

Mark S. Bauer, MD, joins COLMR as an investigator and brings his expertise in clinical trials and post-trial implementation to the Center. His research interest is in structuring and implementing “effectiveness” trials. Dr. Bauer’s translational clinical trials efforts provide a natural complement to COLMR expertise on organizational analysis and change, providing models with which to investigate organizational factors that enhance and impede uptake of new evidence-based interventions. He is Professor of Psychiatry at Harvard Medical School, serves as Director of the Harvard South Shore Psychiatry Residency Training Program (www.harvardsouthshorepsychiatry.org), and is on staff at the VA Boston Healthcare System.

Message from the Center PI

Continued from page 1

in many medical centers, and the databases have been used in several research projects.

Two new HSR&D-funded projects began this year. The first is “Team Process and Performance in Primary Care,” led by David Mohr, PhD. Funding of this project reflects the payoff of COLMR’s investment in the development of the VA All Employee Survey and the associated methodology that allows identification of respondents down to the level of their workgroups. With these data, the Team Process project can identify characteristics of primary care teams and associate them with team performance.

“Identifying and Characterizing High Performing VHA Nursing Homes,” led by Michael Schwartz, PhD, also began this year. The project focuses on analysis of Nursing Home Care Unit (now termed “Community Living Centers,” or CLCs) performance indicators and organizational factors associated with high versus low performance.

COLMR investigators are leaders in research on pay for quality and on organizational transformation. With funding from the Robert Wood Johnson Foundation (RWJF) and AHRQ, Associate Director Gary Young led the national evaluation of pay for performance. With receipt of the Accelerating Change and Transformation in Organizations and Networks (ACTION) grant from AHRQ this work is continued in the private sector.

A COLMR team of investigators, involved in evaluating the RWJF-funded Pursuing Perfection (P2) program, developed a theoretical model of organizational transformation in healthcare that depicts the essential elements in this complex process. This work was continued in the HSR&D-funded “Strengthening Organization to Implement Evidence-Based Clinical Practices” project. It has also resulted in further research funded by RWJF to validate the model by exploring the extent to which its features explain variations in experience among high-performing organizations engaged

in patient care improvement efforts compared to those with less successful results.

COLMR investigators continue to develop new projects in our areas of concentration. We received notification of contingent funding for two new projects: “Evidence Based Medicine and Patient Centered Care: Coexistence or Conflict,” Mark Meterko, PI and “Organizational Factors and Inpatient Medical Care Quality and Efficiency,” Peter Kaboli (Iowa) and Joseph Restuccia, co-PIs submitted under the new model for unique complementary contributions from two centers. With the recruitment of Henry Lew, MD to VA Boston, we embarked on research in the high priority area of screening and care for veterans with TBI. We had a concept paper accepted in response to the solicitation for screening veterans with TBI. The concept paper and resulting proposal brings together several investigators (Drs. Maxine Krengel, Martin Charns, Errol Baker, Mark Meterko, Ann Hendricks) with clinical, organizational, survey design, and economics expertise.

COLMR publications and presentations reached a high for the center, with 43 publications in peer-reviewed journals and 38 conference presentations. Dr. VanDeusen Lukas’ (co-authors Meterko, Mohr, Nealon Seibert from COLMR and Petzel, Director VISN 23 and Levesque, from the Chief Network Office) article on implementation of Advanced Clinic Access in VA, published as the lead article in the *Journal of Ambulatory Care Management* was accompanied by a commentary that noted its outstanding contribution to the field.

Sally Holmes, MBA, and I presented work on improving clinical quality at the National Academies of Science Institute of Medicine Forum on the Science of Health Care Quality Improvement and Implementation in January and October 2008. Our presentations on quality improvement, based on COLMR’s research in both VA and the private sector, were focused on informing practice.

Martin P. Charns, DBA, *Center Principal Investigator*

Welcoming New COLMR Fellow

RACHEL LEWIS, MA, is the first Commonwealth Fund Harkness/Health Foundation Fellow in Health Care Policy and Practice at COLMR. The purpose of the one year fellowship is to experience health care policy in a different country and to undertake a novel research project which is of interest to both countries. Rachel is a community matron in the Manchester Primary Care Trust in the United

Kingdom and is nurse adviser to the Department of Health, where she is assisting in the implementation of the Renal National Service Framework. A nurse practitioner for patients with chronic kidney disease, she holds a master’s degree in economic and social studies from Manchester University, and a diploma of nursing studies from Leeds College of Health.

Disseminating Our Research Results

COLMR investigators and staff completed numerous articles and presentations based on their research in the past year. Highlights include:

Publications/Journal Articles

Parker VA, Geron SM. Cultural competence in nursing homes: issues and implications for education. *Gerontology & Geriatrics Education*. 2007; 28(2):37-54.

Kilbourne AM, Neumann MS, Pincus HA, **Bauer MS**, Stall R. Implementing evidence-based interventions in health care: application of the replicating effective programs framework. *Implementation Science*. 2007; 2: 42.

Rosen AK, Gaba DM, **Meterko M**, Shokeen P, Singer S, Zhao S, Labonte A, Falwell A. Recruitment of hospitals for a safety climate study: facilitators and barriers. *Joint Commission Journal on Quality and Patient Safety*. 2008; 34(5): 275-84.

Mohr DC, Burgess JF, Young GJ. The influence of teamwork culture on physician and nurse resignation rates in hospitals. *Health Services Management Research*. 2008; 21(1): 23-31.

Davidson SM, **Shwartz M**, Stafford RS. The feasibility and value of new measures showing patterns of quality for patients with 3 chronic conditions. *Journal of Ambulatory Care Management*. 2008; 31(1): 37-51.

Cohen AB, Restuccia J, Shwartz M, Drake J, Kang R, Kralovec P, Holmes SK, Margolin F, Bohr D. A Survey of Hospital Quality Improvement Activities. *Medical Care Research and Review*. 2008.

Shwartz M, Ren J, **Peköz EA**, Wang X, **Cohen AB, Restuccia JD**. Estimating a composite measure of hospital quality from the Hospital Compare database: differences when using a Bayesian hierarchical latent variable model versus denominator-based weights. *Medical Care*. 2008; 46(8): 778-85.

Young GJ, Burgess JF, White B. Pioneering pay-for-quality: lessons from the rewarding results demonstrations. *Health Care Financing Review*. 2008; 29(1): 59-70.

Hartmann CW, Rosen AK, **Meterko M**, Shokeen P, Zhao S, Singer S, Falwell A, Gaba DM. An overview of patient

safety climate in the VA. *Health Services Research*. 2008; 43(4): 1263-84.

Lukas CV, Holmes SK, Cohen AB, Restuccia J, Cramer IE, Shwartz M, Charns MP. Transformational change in health care systems: an organizational model. *Health Care Management Review*. 2007; 32(4): 309-20.

Lukas CV, Meterko MM, Mohr D, Seibert MN, Parlier R, Levesque O, Petzel RA. Implementation of a clinical innovation: the case of advanced clinic access in the Department of Veterans Affairs. *Journal of Ambulatory Care Management*. 2008; 31(2): 94-108.

Presentations and Posters

Maciejewski ML, **Burgess J**, Bryson CL, Perkins M, Fortney JC, Manning WG, Chapko M, Sharp N, Liu CF. Factors Associated with Veterans' Dual Use of VA and Medicare Primary Care Services. HSR&D 2008 National Meeting. Washington, DC 2008.

Sullivan JL. The Influence of Organizational Factors on Clinical Innovation by Discipline: The case of Hand Hygiene Compliance. *AcademyHealth*. Washington, DC 2008.

Sullivan JL, Engle RL, VanDeusen Lukas C. Strengths and Challenges of an Action Research Approach in Implementing New Clinical Practices. HSR&D 2008 National Meeting. Baltimore, MD 2008.

Cramer IA, Meterko MM, Lin HL, Hendricks AH, Nealon Seibert M, Gardner JG, Charns MP, Holloway RH. VHA Patient and Caregiver Perspectives about the Quality of Life and Satisfaction with Care for Parkinson's Disease. HSR&D 2008 Annual Meeting. Baltimore, MD 2008.

Liu CF, Chapko M, **Burgess J**, Bryson C, Perkins M, Forney J, Manning W, Sharp N, Maciejewski ML. Use of Primary Care in VA and Medicare among VAMC and CBOC Patients. *AcademyHealth 2008 Annual Research Meeting*. Washington, DC 2008.

Rosen AK, Zhao S, **Meterko M**, Shokeen P, Gaba DM, Hartmann CW. Hospital characteristics and safety climate in the VA. VA HSR&D 2008 Annual National Meeting. Baltimore, MD 2008.

Continued on page 8

Welcoming New COLMR Staff

Alexis Maule, MPH is a research analyst at COLMR. She is involved in the data collection and analysis for the project titled “Transforming Healthcare Organizations to Improve Patient Care: Validation of an Approach” and the statistical analysis for the Pursuing Perfection projects.

Kelly Stolzmann, MS, is a research analyst in the Methodology and Survey Unit at COLMR. She is involved in data analysis for the Evaluation of Parkinson’s Disease, Research, Education and Clinical Centers (PADRECCs) and the Primary Care Teams projects, among others.

Nathalie McIntosh, MSc, is a research assistant at COLMR and a doctoral student at the Boston University School of Public Health. She works on the Pay for Performance or Value Based Purchasing (VBP) Medicare hospital project.

Jason Silver, BA is a research assistant at COLMR and attends Boston University School of Public Health pursuing an MPH. He is working on analyzing the efficacy of pay for performance programs in community healthcare settings.

Jeffrey Chan, BS, is a project manager at COLMR. He participates in a current VA-funded project studying the implementation of integrated care for veterans with serious mental illness.

Konique Ballah, MPH, is a project manager at COLMR. She is working with Drs. Charns and Cramer on the Evaluation of Parkinson’s Disease, Research, Education and Clinical Centers (PADRECCs).

Mariana Gerena-Melia, PhD, is a project manager at COLMR. She is working with Drs. VanDeusen Lukas and Shwartz on the Measuring Implementation Success study and the Identifying and Characterizing High Performing VHA Nursing Homes project.

William Cronan is the newest addition to the Administration Unit as a Program Staff Assistant.

Justin Benzer, PhD, is a postdoctoral fellow at COLMR. He received his PhD from Texas A&M University this August and brings his prior training in organizational psychology, measurement, and multi-level methods to COLMR. His research interest is in improving the internal and predictive validity of the All Employee Survey.

Disseminating Our Research Results

Continued from page 7

Engle RL. Influence of Organizational Factors on Clinical Innovation: Improving Care Processes to Reduce Hand Hygiene Barriers. Academy Health 2008 Annual Research Meeting. 2008.

Maule AL, Silver JR. Organizational Transformation and Knowledge Utilization. Knowledge Translation: Forum for the Future Conference. 2008.



**Center for Organization, Leadership
& Management Research**

VA Boston Healthcare System
150 S. Huntington Ave. (152-M)
Boston, MA 02130